



**PHYSICAL THERAPIST
APPLICATION FEE SCHEDULE**
(FEES SUBJECT TO CHANGE)

FULL NAME: _____ DATE: _____

ADDRESS: _____
STREET CITY STATE ZIP

SOCIAL SECURITY NUMBER: _____

Required Fees:

(Check boxes for fees submitted)

- ☐ **Application Processing Fee** \$75.00
Graduate of an Accredited PT Program
The application processing fee is non-refundable and must be submitted with application.
- ☐ **Initial License Fee (ILF)** \$75.00
The ILF is required at time of application by all U.S. graduates

Non-California Resident Fee:

- ☐ **Fingerprint Card Processing Fee** \$51.00
The fingerprint card processing fee is only required if you submit the fingerprint card with your application.
If you are a resident of California, you are required to have your fingerprints processed via Live Scan.
(Refer to the fingerprinting instructions.)

Total: \$ _____

**PLEASE MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO THE PTBC
AND PAPER CLIP YOUR CHECK TO THE FEE SCHEDULE**

FOR BOARD USE ONLY

CASHIERING USE ONLY	RECEIPT NO.	PT APP 12570022	PT ILF 12570025	FPC 99193701	
		\$75	\$75	\$51	

ATS # _____